

## FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIAFILED  
SCRANTON

FEB 01 2023

PER [Signature]  
DEPUTY CLERK(1) James Glass Jr 094999  
(Name of Plaintiff) (Inmate Number)501 Mall Road Harrisburg, PA 17111-1299  
(Address)(2) \_\_\_\_\_  
(Name of Plaintiff) (Inmate Number)\_\_\_\_\_  
(Address)(Each named party must be numbered,  
and all names must be printed or typed)

vs.

## CIVIL COMPLAINT

(1) Mr. Gregory Briggs (Warden)(2) Will Cuffalo (Dir. of Treatment)(3) Mr. Grove (C.O.)

(Names of Defendants)

(4) Terri Ozog (Counselor)(Each named party must be numbered,  
and all names must be printed or typed)(5) (LPN Nurse Stephanie)Violation of civil Rights  
Violation of Administrative  
Codes and Regulations  
Misconduct resulting in Injury  
Negligence resulting in injuryTO BE FILED UNDER: 1 42 U.S.C. § 1983 - STATE OFFICIALSX 28 U.S.C. § 1331 - FEDERAL OFFICIALS

## I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

No

**II. ADDRESSES AND INFORMATION**

**A. PLAINTIFF**

Glass, James, E

Name (Last, First, MI)

094999

Inmate Number

Dauphin Co. Prison

Place of Confinement

501 Mall Road Harrisburg, PA. 17111-1299

Address

Harrisburg, PA. 17111-1299

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

<input checked="checked" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Pretrial detainee

Civilly committed detainee

Immigration detainee

Convicted and sentenced state prisoner

Convicted and sentenced federal prisoner

**B. DEFENDANT(S)**

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1: (Warden)

Briggs, Gregory

Name (Last, First)

Warden

Current Job Title

501 Mall Road Harrisburg, PA. 17111-1299

Current Work Address

Harrisburg, Dauphin, PA., 17111-1299

City, County, State, Zip Code

Defendant 2:

CUFFALO, Jill -

Name (Last, First)

Dir of Treatment

Current Job Title

501 Mall Road

Current Work Address

Harrisburg, Dauphin, PA, 17111-1299

City, County, State, Zip Code

Defendant 3:

Grove,

Name (Last, First)

Correctional Officer

Current Job Title

501 Mall Road

Current Work Address

Harrisburg, Dauphin, PA, 17111-1299

City, County, State, Zip Code

Defendant 4:

Ozog, Terri -

Name (Last, First)

Counselor

Current Job Title

501 Mall Road

Current Work Address

Harrisburg, Dauphin, PA, 17111-1299

City, County, State, Zip Code

Defendant 5:

PrimeCare LPN Nurse "Stephanie"

Name (Last, First)

Stephanie, ?

Current Job Title

LPN Nurse

Current Work Address

501 Mall Road Harrisburg, Dauphin PA, 17111-1299

City, County, State, Zip Code

### III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

- A. Describe where and when the events giving rise to your claim(s) arose.

Dauphin, County Prison

Dec. 20, 2022

7pm

Jan 4, 2023 / Jan 18, 2023 - Jan 25, 26, 2023

Jan 27, 2023

- B. On what date did the events giving rise to your claim(s) occur?

Dec. 20, 2022, Jan 4, 2023, Jan 18, 2023 - Jan 25, 26, 27 2023

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

On Dec. 20, 2022 approx. 7pm Officer Grove informed me I was to move from E corridor of the jail to E<sup>#</sup> Top bunk. I informed him that I'm medically classified as bottom bunk bottom tier status and there must be a mistake. However Officer Grove told me that he will check with medical to find out. Approx. 5min passed and Officer Grove came back with LPN Stephanie in which she said I was not bottom bunk status. Of course I told her it was a mistake because I have metal pins in both knees and there is no way I could climb up top bunk with out any rails. Next Officer Grove had said if I don't lock in I'm going to the hole. Thus I locked in. Unfortunately 1 hour past and I was trying to get off bunk by using the desk chair and suddenly the chair moved and I fell off bunk to the floor twisting my knee out of place and breaking my 4th finger left hand. I was moved to A Block to be classified. On 12-22-22 I wrote out a inmate request form with my complaint. Thus the reply stated I was bottom bunk Per Medical. It was Dec. 23, 2023 I had Xray after I was moved Top tier F. 50. When I told the LT that had walked me to my Xray he informed Officer to move me back to classification. Obviously, Treatment had openly neglect the medical classification as well as the officer and the LPN Stephanie did.

Turn to back →

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- On Jan. 4, 2023 I was brought to Dauphin County Prison for court before the Honorable David H. Judy. Once I arrived I was informed that my attorney hasn't arrived yet. Furthermore I was later informed that my application never arrived in the Public Defenders office. However I applied for a PD on Dec. 15 with Counselor Terry Ozog. Furthermore, the PD never received this. I proceeded with out counsel. Due to the negligence of Dauphin County Prison Treatment Dept. I represented myself and resolved the matter.
  - On 1/18/23 I was scheduled with a phone conference with my attorney on the phone. However my phone pen didn't work. This is a responsibility of Treatment.
  - On 1/23 and 1/26 My attorney was trying to schedule a phone conference with me. However Treatment didn't notify me until later. It never happened.
  - On 1-27-23 I was scheduled for a phone conference with my attorney once again my pin didn't work. This is a responsibility of Treatment

## IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

- ① - Administrative Codes and Regulations = § 95.226. Housing  
 (5) All parts of the prison used by inmates shall be properly maintained and kept clean at all times.  
 ② Amendments - (IV) "The right of the people to be secure in their persons."  
 (V) - "Nor be deprived of life, liberty"  
 IX - shall not be construed to deny or disparage others retained by the people"  
 VIII) Nor "excessive fines imposed, nor cruel and unusual punishments inflicted"  
 (VI) - To have the Assistance of Counsel for his/her defence.

## V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above. Broke left 4th finger left hand, sprain knee in which had gotten infection, nerve damage. Mental anxiety

## VI. RELIEF

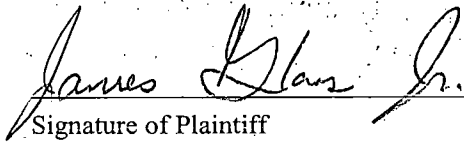
State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

- ① Compensatory and Punitive damage in the ~~amount of~~  
~~\_\_\_\_\_~~  
 ② Replace unsafe sleeping equipment with one's with ladders for climbing and debunking properly.

**VII. SIGNATURE**

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

  
Signature of Plaintiff

1-18-23  
Date